

**Effective October 1, 2000**

Application or Docket Number  
9/893 789  
~~Yon 12000-3725~~

(Column 1)

(Column 2)

TOTAL CLAIMS	47	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	47 minus 20 =	27
INDEPENDENT CLAIMS	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
	Total	47	Minus	47	=	0
Independent	9	Minus	9	=	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

SMALL ENTITY  
TYPE ☐

**OTHER THAN  
OR SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X39=		OR	X518=	486
X40=		OR	X80=	480
+135=		OR	+270=	
TOTAL		OR	TOTAL	1676

**SMALL ENTITY OR OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
<del>X\$9=</del>		OR	X\$18=	
<del>X40=</del>		OR	<del>X80=</del>	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDITIONAL FEE		OR	ADDITIONAL FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 Th "Highest Number Previously Paid For" (Total or Independent) is the highest number

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